

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR ADDITION & ALTERATION TO HOME
BUILDING/ZONING PERMIT**

Date _____ Power Company _____

Address of Job _____

Property Owners Name _____ Phone _____
Current Mailing Address _____

Contractor's Name _____

Address _____

Office # _____ Cell phone: _____ Fax: _____

License # _____ Workman's Comp Affidavit Yes _____ No _____

Plumbing Contractor Name _____

Office # _____ Cell phone: _____ Fax: _____

Address _____ License# _____

Htg/Air Contractor _____ Phone _____

Office # _____ Cell phone: _____ Fax: _____

Address _____ License# _____

Electrical Contractor Name _____ Phone _____

Office # _____ Cell phone: _____ Fax: _____

Address _____ License# _____

ITEMS REQUIRED FOR A PERMIT TO BE ISSUED

- **Copy of Septic Approval (IF BEDROOM ADDITION)**
- **Drawing of addition or alteration & supply list**

Total Sq Ft 1st Floor _____ 2nd Floor _____

Basement _____ Heated or Unheated

Garage _____ Bonus Room _____ Porches & Decks _____

Signature of Homeowner or Contractor

Date

Signature of Code Enforcement Officer

Date